

# APPLICATION FOR HEARING

K-WC E-1 (Rev. 6-12)

**DO NOT WRITE IN THIS SPACE**

Employee: \_\_\_\_\_  
                    First                    Middle                    Last

Date of birth: \_\_\_\_\_ ☐ Male ☐ Female

Social Security number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_  
(Required)

## ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

Date(s) of accident/disease (give beginning and ending dates if a series): \_\_\_\_\_

State specifically the exact cause and source of accident/disease: \_\_\_\_\_

Briefly state extent of injuries or disease claimed: \_\_\_\_\_

In what county did the accident/disease occur? \_\_\_\_\_ At or near (city) \_\_\_\_\_ (state) \_\_\_\_\_

If accident/disease **did not** happen within Kansas, in which **Kansas** county could hearing be most conveniently held? \_\_\_\_\_

Mediation requested? ☐ YES ☐ NO

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

Attorney signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
(for purposes of hearing notices)

Kansas Supreme Court number: \_\_\_\_\_

### Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.